



CITY OF SOUTH TUCSON PERMIT APPLICATION
1601 SOUTH 6TH AVENUE
(520) 792-2424
(520) 628-9619 FAX

APPLICANT: _____

ADDRESS: _____

ADDRESS/LOCATION OF PROPOSED PERMIT ACTIVITY:

PROPERTY OWNER'S NAME, ADDRESS AND TELEPHONE NUMBER:

DESCRIPTION OF WORK AND/OR TYPE OF INSPECTION REQUIRED:

SQUARE FOOTAGE OF CONSTRUCTION AREA: _____

ESTIMATED VALUATION: \$ _____

PIMA COUNTY WASTEWATER PERMIT # _____
(REQUIRED FOR NEW CONSTRUCTION AND ADDITIONS THAT AFFECT WASTEWATER OPERATIONS)

Contractor: _____

Address: _____

Telephone number: _____

REQUIRED/CITY OF SOUTH TUCSON BUSINESS LICENSE: # _____

I UNDERSTAND THAT A REINSPECTION FEE IS REQUIRED FOR ANY SECOND OR FAILED INSPECTION AND THERAFTER.

UNDER PENALTY OF PERJURY, I/WE DECLARE THAT THE INFORMATION IN THIS DOCUMENT IS TRUE AND CORRECT.

X

Applicant's signature and date above

(OFFICE USE ONLY)

Please check if permit is for owner-occupied _____

Permit type:

Building _____

Curb Cut _____

Electric _____

Gas _____

Mobile Home _____

Plan Reading _____

Sewer _____

Sign _____

Sprinkler _____

Street cut _____

Other _____

Permit Information:

Permit # _____

Date Issued _____

Commercial _____

Residential _____

Permit Fee _____

Receipt # _____

Clerk _____